



How Are We Doing? A Hospital Self Assessment Survey on Patient Transitions and Family Caregivers

Well-planned and managed transitions are essential for high quality care and patient safety. Transitions occur when patients are admitted and discharged, when they move from one unit to another (for example, from the ICU to a regular floor), or from one service to another (for example, an ICU to general medicine). When family caregivers are informed about what is going to happen and prepared for their roles and responsibilities, transitions are smoother and more effective. Yet hospitals do not always focus on communication with family caregivers in a systematic and integrated way. For instance, does your hospital know how well it manages transitions? Does it involve caregivers in discharge planning? Does it assess a caregiver's ability and willingness to assist their family member after discharge?

As part of its *Next Step in Care* campaign (www.nextstepincare.org), the United Hospital Fund, a nonprofit research and health policy organization, designed a self-assessment survey to help hospital staff evaluate how well they work with family caregivers in planning transitions. A companion survey for family caregivers is also available.

Self-assessments are important because they give you a realistic view of what is happening in the day-to-day practice of your hospital. They help you sort out problems that need considerable work from issues that appear to be working reasonably well and perhaps need only staff reminders to be on track. Unlike surveys in which you try to put your best foot forward, this is a survey that requires you to look at both feet honestly and constructively.

If the issues that arise through the survey process then become part of a multidisciplinary approach to fix the problems, your staff's day-to-day work should become more manageable and more satisfying. Utilizing the surveys at your hospital can provide you with the feedback necessary to improve quality of care, increase patient and family satisfaction, as well as provide hospital staff the tools needed to better manage patient transitions.

These self-assessment surveys were piloted at a number of hospitals, rehab units in nursing homes, and home care agencies in New York City. The results guided Fund staff and consultants in creating the guides and checklists available on the *Next Step in Care* website.

The surveys are presented here in PDF format. If you want to add questions (for example, about a specific patient population), please contact us at 212-494-0760 or nextstepincare@uhfnyc.org. We will be pleased to work with you to make necessary adaptations.

How to Use the Self-Assessment Surveys

These surveys are the initial steps in identifying areas of strengths and weaknesses around which an action plan can be developed to improve the quality of transitional care. Here are some suggested steps in the process:

1. Designate someone to coordinate and monitor the process.
2. Determine whether you want to distribute the hospital staff survey broadly throughout the hospital or target it to a specific unit or patient population. If you distribute the surveys broadly, you will need to assign different codes so that you know which unit is responding.
3. Make sure that there is broad representation among the staff taking the survey. Each person who completes the survey will have a different perspective, depending on whether he or she works in administration, finance, medicine, nursing, social work, or therapy.
4. All replies should be anonymous and surveys should be distributed in ways that allow staff to complete and return them without being identified. Stress that you are looking for what actually goes on, not what is supposed to happen.
5. You can print the survey for distribution and collate responses, or you can use an online survey service such as Survey Monkey, PollDaddy, or Zoomerang, which are easy to use and summarize the results for you.
6. Set reasonable deadlines for returning the survey.
7. Develop a plan for sampling family caregivers with the companion survey.
8. Compare family caregiver results with the staff findings to determine areas of agreement and disagreement.
9. Report findings back to all relevant staff members. Congratulate them on the strengths that you found.
10. Use the results to develop a plan to tackle the problems you identified.
11. If your plan involves integrating Next Step of Care materials into your practice, you may want to repeat the survey after a period of using the material to evaluate impact.

In addition to the surveys, you may want to consider other sources of information:

- Review of hospital admission and discharge packet (What information is provided specifically for family caregivers?)
- Focus groups with family caregivers, staff, community agency personnel who serve your patients
- Review of patient satisfaction surveys to identify areas that are related to family caregivers

Hospital Performance Self-Assessment Survey

Instructions for Completing the Survey

The _____ is working to improve communication with caregivers in planning and managing transitions in care. Transitions occur when patients are admitted and discharged, when they move from one unit to another (for example, from the ICU to general medicine), or from one setting to another (for example, from the hospital to a rehab center, a nursing home or home). Improvements in this area can impact quality of care and patient safety. To help us evaluate our work with family caregivers, we ask that you complete the attached anonymous survey by _____. *The survey should take about 20 minutes to complete.*

Developed by the United Hospital Fund, a nonprofit research and health policy organization, the survey asks questions about your experience with family caregivers of patients who are admitted to the hospital. The typical patient to think about is an adult who has a chronic illness or serious disability. Some likely diagnoses are stroke, congestive heart failure, and hip fracture or other trauma. This list is not comprehensive; it is only intended to be suggestive.

Family caregiver is a broad category including people who are related by blood, marriage, or adoption, as well as partners, neighbors, or friends. A family caregiver is the person who is going to be responsible for providing or managing the care and communicating with professionals if the patient is too ill, frail, or otherwise unable to participate fully or needs assistance in essential aspects of daily care. The family caregiver may or may not live with the patient.

Some Suggestions

1. As you think about your responses, remember that the survey is about family caregivers of patients who are unable to manage their care on their own, not all patients.
2. In answering the questions think about your experiences with family caregivers within the past month.
3. There are no right or wrong responses. The survey headings give you a wide range of responses ranging from "Always" to "Never," with an additional category of "Don't know/not relevant." Choose the heading that best describes your overall experience.
4. If you want to clarify or add something, there is a space after each section for that purpose. For example, you might say, "this always happens, but there isn't a lot of consistency in the way it's done," or "some other department handles this."

A. Information

1. Upon a patient's admission to our hospital, staff provide information to the family caregiver that includes:

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
a) information about the patient's diagnosis and treatment plan	<input type="checkbox"/>					
b) a number to call 24 hours, 7 days a week to get information on the patient's condition	<input type="checkbox"/>					
c) an explanation of the role of the designated family member (i.e. why one person, what is expected, and implications for other family members)	<input type="checkbox"/>					
d) a statement recognizing the importance of the family caregiver to the patient's care and well-being	<input type="checkbox"/>					
e) a copy of the privacy statement that makes clear that staff members are allowed to provide medical information to the designated family member(s) unless the patient objects	<input type="checkbox"/>					
f) information about services and resources available to the family caregiver during the patient's hospitalization (such as family meetings, overnight stays, etc.)	<input type="checkbox"/>					

A. Information (continued)

2. Within the first few days of a patient's admission, our hospital staff provide family caregivers with:

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
a) an estimate of the patient's length of stay	<input type="checkbox"/>					
b) information about the hospital's policy about payment and the need to contact the insurance company	<input type="checkbox"/>					
c) an explanation of how insurance coverage might impact availability of services after discharge	<input type="checkbox"/>					

Comments:

B. Assessment

3. Our hospital staff routinely assesses the ability and willingness of family caregivers to assist in the care of patients after discharge.

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
	<input type="checkbox"/>					

This assessment is done by (please select **Yes or **No**):**

	YES	NO
a) written caregiver-specific assessment tool	<input type="checkbox"/>	<input type="checkbox"/>
b) interview	<input type="checkbox"/>	<input type="checkbox"/>
c) direct observation	<input type="checkbox"/>	<input type="checkbox"/>
d) other (please describe):		

Comments:

C. Preparing for Discharge

4. To prepare for the patient's discharge/ transition, hospital staff ensure that family caregivers are:

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
a) given explicit information about when to expect discharge	<input type="checkbox"/>					
b) provided with adequate time to make informed decisions prior to discharge or transfer	<input type="checkbox"/>					
c) provided with written information about the patient's rights related to discharge, including the appeal process	<input type="checkbox"/>					
d) given information about all available care options, such as home care, adult day care services, etc.	<input type="checkbox"/>					
e) advised about the costs of the different care options following discharge	<input type="checkbox"/>					
f) informed about essential services and equipment needed at time of discharge (e.g. transportation, hospital beds, walkers, etc.) and how to obtain them	<input type="checkbox"/>					
g) given information about community resources available to the caregiver, such as caregiver support groups, financial assistance, respite services, etc.	<input type="checkbox"/>					

Comments:

C. Preparing for Discharge (continued)

5. If there is a referral to a home care agency, hospital staff informs family caregivers about the possibility that there may be a gap between hospital discharge and the start of home care services

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
	<input type="checkbox"/>					

D. Communication

6. In communicating with family caregivers, our hospital staff:

	Always	Usually	About half the time	Seldom	Never	Don't know/not Relevant
a) Ensure that they are given timely, understandable information about the patient's condition and prognosis	<input type="checkbox"/>					
b) Make sure that they are actively involved in decision making	<input type="checkbox"/>					
c) provide printed materials in different languages, when needed	<input type="checkbox"/>					
d) use professional interpreters (Language Line, staff who speak the language), when needed	<input type="checkbox"/>					

Comments:

E. Training

7. Our hospital staff prepare family caregivers to assist patients in the following areas following discharge:

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
a) accurately administer medications	<input type="checkbox"/>					
b) observe and report symptoms and side effects of medication	<input type="checkbox"/>					
c) monitor and operate medical equipment, if needed	<input type="checkbox"/>					
d) manage diet and activity	<input type="checkbox"/>					
e) recognize if the patient's condition begins to worsen	<input type="checkbox"/>					

Comments:

F. Discharge

8. At discharge, our hospital staff provide family caregivers with:

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
a) a copy of the discharge plan with clear instructions about medications, diet, activity, and symptom management	<input type="checkbox"/>					
b) a telephone number of a person to contact with any questions	<input type="checkbox"/>					

F. Discharge (continued)

At discharge, our hospital staff provide family caregivers with:

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
c) a current list of medications, including nonprescription items like herbal supplements, with dosages and other instructions	<input type="checkbox"/>					
d) information about when to schedule initial post-discharge medical visit(s)	<input type="checkbox"/>					

9. When the patient is being transferred with a referral to home care services or another facility, our hospital staff provide information about:

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
a) the family caregiver to the home care agency or new facility	<input type="checkbox"/>					
b) the home care agency or new facility to the family caregiver so that he/she can speak with that facility's personnel	<input type="checkbox"/>					

Comments:

G. Post-Discharge Follow-up

10. A hospital staff member contacts family caregivers by telephone to address major questions and concerns:

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
a) as close to 24 hours after discharge as possible	<input type="checkbox"/>					
b) within two weeks after discharge	<input type="checkbox"/>					

Comments:

H. Quality Improvement

11. Overall, I think our hospital staff pays attention to family caregivers' needs.

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
	<input type="checkbox"/>					

12. Overall, I think patients and family caregivers are satisfied with the services, support, and information they receive.

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
	<input type="checkbox"/>					

H. Quality Improvement (continued)

13. Our hospital staff evaluates family caregivers' experiences and uses that information to improve quality.

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
	<input type="checkbox"/>					

Comments:

I. Optional

14. I am a(n): (select the appropriate box)

- | | |
|--|--|
| <input type="checkbox"/> Attending Physician | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Therapist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Resident Physician | |

15. My department/specialty is:

16. What do you find most difficult to explain to family caregivers at the time of the patient's discharge from the hospital?

17. What would make it easier to support family caregivers during the patient's transition to the next setting?